### **CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

"Assistant Commissioner for Patents, Washington, D.C. 20231"

on January 8, 2003

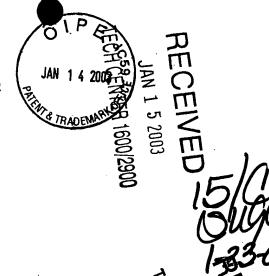
KEVIN J. STEIN Reg. No. 47,966

Attorney for Applicant(s)

01/08/03 Date of

Date of Signature

## **PATENTS**



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Customer No.: 000201

Attorney Docket No.: J3509(C)

Applicant:

Johnson et al.

Serial No.:

09/764,734

Filed:

January 17, 2001

For:

**Antimicrobial Compositions** 

Group:

1616

Examiner: A. Pryor

Edgewater, New Jersey 07020

January 8, 2003

# <u>AMENDMENT</u>

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

In response to the Office Action dated October 8, 2002, please amend the above-identified application as follows:

## IN THE CLAIMS:

Please cancel claim 2.

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on January 8, 2003

KEVIN J. STEIN

Reg. No. 47,966 Attorney for Applicant(s) 01/08/03

Date of Signature UNITED STATES DEPT. OF COMMERCE Patent and Trad mark Offic

ASSISTANT COMMISSIONER FOR F Washington, D.C. 20231

TECHNICAL SOURS

Attorney Docket No.: J3509(C)

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Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] No additional fee is required.

The fee has been calculated as shown below.

#### CLAIMS AS AMENDED

| OCAMIO AO AMENDED                       |  |       |  |                      |           |                    |
|---|--|-------|--|----------------------|-----------|--------------------|
|   | (2) * Claims<br>Remaining After<br>Amendment |       | (4)** Highest No.<br>Previously Paid For | (5) Present<br>Extra | (6) Rate  | (7) Additional Fee |
| Total Claims                            |  | Minus |  |                      | \$ 18.00  |                    |
| Independent Claims                      |  | Minus |  |                      | \$ 80.00  |                    |
| Multiple Claims                         |  |       |  |                      | \$ 270.00 |                    |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT |  |       |  |                      | \$        | <del></del>        |

<sup>\*</sup>If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

[ ] Charge \$\_\_\_\_\_ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

[X] 37 C.F.R. § 1.16;

[X] 37 C.F.R. § 1.17;

[X] 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

KJS/sa 201) 840-2394 Kevin J. Stein Registration No. 47,966 Attorney for Applicant(s)

BEST AVAILABLE COPY

<sup>\*\*</sup>If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.